



AF/2700

Docket No. 2023796-7035972001

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: 3-15-04 Name of Person Certifying: Pam Golden
Printed Name: Pam Golden

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jon C. Taenzer, et al.

Assignee: GN ReSound North America Corporation

Filing Date: December 19, 2000

Examiner: Rexford N. Barnie

Serial No.: 09/739,242

Group Art Unit: 2643

Title: **AUTOMATICALLY SWITCHED HEARING AID COMMUNICATIONS
EARPIECE**

RECEIVED

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

MAR 22 2004

Technology Center 2600

RESPONSE & FEE TRANSMITTAL

Sir:

In response to the Office Action mailed on February 9, 2004, enclosed herewith for filing are the following:

- ☒ A Response/Amendment [6] page(s)
- ☐ A Response to Restriction Requirement under 35 USC § 121 [] page(s)
- ☐ An Amendment Under 37 CFR § 1.111 [] page(s)
- ☐ An Amendment Under 37 CFR § 1.116 [] page(s)
- ☐ Other _____ [] page(s)

Also included are:

- ☐ A Petition for Extension of Time [] months [] page(s)
- ☐ Information Disclosure Statement
[] page(s) of PTO-1449 [] copies of IDS citations
- ☐ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
- ☒ Return Postcard

Fee Calculation						
<input type="checkbox"/> The following fees are submitted:						CALCULATIONS
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	7- 20	38	0	× \$18.00	× \$9.00	\$0.00
Independent claims	1- 3	3	0	× \$86.00	× \$43.00	\$0.00
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290.00	\$145.00	\$0.00
Petition for Extension of Time Fee (___ months)						\$0.00
OTHER FEES _____ (specify)						\$0.00
TOTAL FEES =						\$0.00

☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.

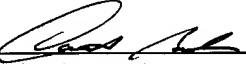
☐ A check in the amount of \$ _____ to cover the above fees is enclosed.

☐ Please charge Deposit Account No. 50-2518, Docket No. _____, in the amount of \$ _____ to cover the above-fees. *A duplicate copy of this sheet is enclosed.*

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2518, Docket No. 2023796-7035972001. *A duplicate copy of this sheet is enclosed.*

DATE: 3/15/04

Respectfully submitted,

By: 
 David G. Beck
 Registration No.: 37,776

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